March 23, 2004

## NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

#### EFFECTIVE

January 21, 2004
NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

In the matter of:

GEORGE M. MIRDA, M.D.

ORDER CONTINUING
TEMPORARY SUSPENSION
OF LICENSE

This matter was reopened before the New Jersey State Board of Medical Examiners (the "Board") on February 11, 2004, for the purpose of affording the full Board an opportunity to determine whether to adopt, reject or modify a prior Order of this Board, entered by a Hearing Committee on January 23, 2004 (effective on January 21, 2004), pursuant to which the license of respondent George M. Mirda was temporarily suspended, pending the completion of plenary proceedings in this matter. The Board then reviewed the Order of Temporary Suspension entered by the Hearing Committee, all pleadings and exhibits introduced into evidence in this matter, and a copy of the transcript of the hearing held before the Board's Hearing Committee on January 21, 2004.

Upon review, we have determined that cause exists to adopt, in its entirety and without modification, the Order of Temporary Suspension entered by the Hearing Committee. We are satisfied, for the reasons set forth in said Order, that respondent's license to practice medicine and surgery should presently remain temporarily suspended, pending either the



completion of plenary proceedings in this matter or further Order of this Board, at such time as Dr. Mirda may move to vacate the temporary suspension of his license and show cause why the Order should be modified upon making all demonstrations required in paragraph 2 of the Hearing Committee's Order.

WHEREFORE, it is on this 20 day of February, 2004 ORDERED:

The Order of Temporary Suspension of the License or respondent George M. Mirda, M.D., entered on January 23, 2004 (effective January 21, 2004) (copy of which is appended hereto and incorporated herein) by a Hearing Committee of the Board, is hereby adopted in its entirety.

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

Bv -

David M. Wallace, M.D.

Board President

### FILED

JANUARY 23, 2004

#### NEW JERSEY STATE BOARD OF MEDICALEXAMINERS

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

In the matter of:

GEORGE M. MIRDA, M.D.

ORDER OF TEMPORARY SUSPENSION OF LICENSURE

This matter was opened before the Now Jersey State Board of Medical Examiners (the "Board") on January 16, 2004, upon the filing of an Order to Show Cause and Verified Complaint, pursuant to which respondent George Mirda, M.D., was ordered to appear before a Hearing Committee of the Board and then show cause why an order temporarily suspending his license to practice medicine and surgery in the State of New Jersey pending the completion of plenary proceedings in this matter should not be entered pursuant to the authority vested in this Board by N.J.S.A. 45:1-22. application for the temporary suspension of Dr. Mirda's license was predicated upon allegations set forth in a five count complaint that Dr. Mirda had: 1) engaged in the unlicensed practice of medicine for a period of greater than four years (since his license expired on June 30, 1999 when he failed to renew the license following the 1997-1999 biennial licensure cycle), in violation of N.J.S.A. 45:9-6,1; 2) practiced medicine without holding required medical malpractice liability insurance (or posting a letter of credft with the Board) since 1996, in violation of N.J.S.A. 45:9-

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19.17 and N.J.A.C. 13:35-6.18; 3) prescribed controlled dangerous substances ("CDS") without holding a valid New Jersey CDS registration or a valid Drug Enforcement Agency ("DEA") registration, in violation of N.J.S.A. 8:65-1.2 and N.J.A.C. 24:21-10; 4) violated the "Duty to Cooperate" regulation (N.J.A.C. 13:45C-1.3) by declining to respond to questions posed to him concerning his general medical knowledge during a Board investigation of his practice; and 5) advertised himself as a physician without holding a medical license, in violation of N.J.A.C. 13:35-6.10(c).

On January 21, 2004, a hearing was held on the application for the temporary suspension of respondent's license before a duly authorized Hearing Committee of the Board. Board members Bernard Robins, M.D., end Edwin Trayner, M.D. served on the Hearing Committee. The Attorney General appeared at said hearing, by Deputy Attorney General Megan K. Matthews, and respondent appeared before the Committee pro se.

The Attorney General supported her application for the temporary suspension of respondent's license with the following

The Hearing Committee was constituted to conduct the hearing in this matter, and to enter an Order, to be effective from the date of the hearing, adjudging the application for the temporary suspension of Dr. Mirda's license. This Order of the Hearing Committee shall be presented, along with a copy of the transcript of the hearing, documents in evidence and all moving gapers to the Board for review at the Board's next scheduled meeting (on February 11, 2004, or such date eo which said meeting may be rescheduled). The Board may then vote to adopt, reject or modify the Order of the Hearing Committee,

documentary evidence which was moved and accepted into evidence by the Committee;

- S-1 Transcript of testimony offered by George Mirda, M.D., when he appeared before an investigative Committee of the Board on January 7, 2004.
- S-2 Certification of William V. Roeder, Executive Director of the Board, dated January 15, 2004.
- S-3 Certification of Tonia Knoll, Acting Executive Director of the Division of Consumer Affairs' Drug Control Unit, dated January 20, 2004.
- S-4 Copy of listings for "physicians" appearing in 2003 Verizon Yellow Pages.

Respondent testified on his own behalf. While respondent does not dispute that he practiced without the required licenses, registration and insurance, he professed that he would never knowingly violate any law, and thus claimed and/or Intimated that he was unaware that his medical license and CDS and DEA registrations had expired and unaware that he needed to hold medical malpractice liability insurance in order to practice in New Jersey.

We conclude that the evidence before us convincingly supports the allegations within Counts 1-4 of the filed complaint.<sup>2</sup>

While the Attorney General seeks to support the allegations within Count 5 of the Complaint with a copy of a listing for "physicians" from the 2003 Verizon Yellow Pages, respondent has claimed that he did not in fact make any payment for the listing and thus denies that he has "advertised" his medical practice. We decline to make any findings pertinent to the allegations of Count 5 of the Complaint, but deem it unnecessary to do so based on our conclusion that the evidence submitted supporting the charges set forth in Counts 1-4 of the Verified Complaint is sufficient to support the threehold finding (i.e., that respondent's

We thus find, based on the untebutted evidence presented in support of the application for the temporary suspension of respondent's license, that Dr. Mirda did not renew his medical license when that license lapsed on June 30, 1999. A license that is not renewed is automatically suspended. N.J.S.A. 45:9-6.1. By continuing to practice medicine with an expired license, Dr. Mirda has been engaged in the unlicensed practice of medicine since the date his license lapsed. Id., see also N.J.S.A. 45:1-7.1(c).

We further find that Dr. Mirda bas practiced medicine without holding a valid New Jersey CDS registration since at least 1992, and without holding a valid DEA registration since hie last valid registration was retired on August 30, 1996. By his own admission, Dr. Mirda has, during such times, prescribed CDS to his patients, see S-1 at 36,13 - 37,3; 38-24 - 39,19; it is thus clear that respondent has prescribed CDS without holding required state and federal registrations. See S-3, T5.

The evidence further demonstrates that Dr. Mirda has, again by his own admission, practiced medicine since 1996, without holding medical malpractice liability insurance. See S-1 at 24,2 - 24,19. By doing so, he has necessarily exposed any patients he has since treated to the risks inherent in being provided care by an uninsured physician. He has further practiced, since 1997, in

continued practice of medicine would present a clear and imminent danger to public health, safety and welfare) necessary to impose temporary restraints.

violation of the requirements of <u>N.J.S.A</u>. 45:9-19.17, which mandates that all physicians practicing in the State be covered by medical malpractice liability insurance or have posted a letter of credit with the Board.'

Finally, review of the transcript of Dr. Mirda's testimony before an investigative committee of the Board on January 7, 2004 reveals that Dr. Mirda was evasive when asked questions regarding his general medical knowledge and practices (to include questions concerning the pathophysiology, pharmacology and general management of hypertension, diabetes and arteriosclerotic vascular disease), and ultimately declined to answer such questions on the day he appeared before the Committee. See S-1 at 55,2 - 57,6; 69,15 - 71,6. Dr. Mirda's refusal to answer questions posed by Committee members constitutes a violation of the Duty to Cooperate regulation, N.J.A.C. 13:45C-1.3, and is conduct which necessarily stymied the ability of the Board to make an assessment of his current qualifications and ability to safely and appropriately practice medicine.

We note that the Board's Executive Director has certified that Dr. Mirda's "last notification to the Board that [he] had the mandatory malpractice insurance coverage was on his biennial renewal application for the renewal cycle of 1997 through 1999." Given that Dr. Mirda has testified that he has not held such coverage since 1496, this Committee questions what representations were made by Dr. Mirda on his 1997 renewal application, and suggests that such issues may be appropriate for further exploration or development during further proceedings in this matter.

We do note, however, that Dr. Mirda stated that he would "come in and discuss" the questions posed about his general medical knowledge at another time, but declined to do so when appearing on January 7, 2004

We reject respondent's claims that he was unaware that his licenses and registrations had expired, or any suggestion that he was unaware that he needed to hold malpractice insurance. Indeed, respondent's suggestion that he was unaware of the need to ensure that his medical license and CDS/DEA registrations were current is belied by the fact that this is the second prolonged occasion where he has allowed his medical license to lapse. evidence thus reveals that Dr. Mirds previously allowed him licenza to lapse and continued to practice for the six year period between 1989 and 1995. See S-2, \( \) Having once before engaged in unlicensed practice of medicine, Dr. Mirda should have been acutely aware of the need to avoid again engaging in unlicensed practice and should have made certain that his license was renewed and valid. We find his failure to do so, and to again allow the license to lapse for an extended period of years, to be inexcusable, and his claims that he was unaware that his licenses . and registrations had expired to be facially unbelievable.5

We also reject any suggestion that respondent's practice without mandatory licensure, registration and insurance is

stating that "today is not the day to do that." See S-1, 70,25 - 71,6.

Dr. Mirda's claims are similarly belied by the evidence which suggests that he twice allowed hie registration with the federal Drug Enforcement Agency to lapse. See S-3, Certification of Tonia Knoll, ¶4 (stating that Dr. Mirda's registration with the DEA was retired on two occasions; once in August 1990 after a delinquency notice was sent to Dr. Mirda in April 1990, and a second time in August 1996 after a notice of delinquency was sent an April 1996).

innocuous. Rather, we point out that licensure and registration requirements, a6 well as the mandate that physicians carry medical malpractice liability insurance, are basic and necessary safeguards that exist to protect the public health, eafety and welfare. Indeed, the Legislature has not only provided that practice with an expired license is the unlicensed practice of medicine, but also haa criminalized such practice. See N.J.S.A. 20:21-20. There is ne question that Dr. Mirda's failure to maintain licensure, CDS/DEA registrations and malpractice insurance jeopardized any patients he treated. Similarly, his refusal to answer quaations posed by members of the Board that sought to elicit information regarding his general medical knowledge, which questions are necessarily relevant to any determinations this Board might make regarding Dr. Mirda's current fitness and ability to practice medicine, is conduct which poses a significant risk to the public health, safety and welfare.

We conclude that the constellation of findings we have made forms a more than sufficient predicate to support a conclusion that respondent's continued practice of medicine at this time would present a clear and imminent danger to the public health, safety and welfare. Based thereon, we order that respondent's license to practice medicine be immediately temporarily suspended, pending the completion of plenary proceedings in this matter. We will, however, provide that Dr. Mirda may make an application to the

Board to vacate the temporary suspension ordered herein, provided that he first takes all steps necessary to secure necessary licenses, registrations and malpractice insurance, and provided further that he fully cooperates with this Board by again appearing before an investigative committee of the Board and then answering any and all questions that may be posed to him, to include questions regarding his general medical knowledge. At such time, we will reconsider whether Dr. Mirda's continued practice of medicine, pending the completion of proceedings on the filed complaint in this matter, continues to present a clear and imminent danger sufficient to warrant continuation of the Order of temporary suspension.

> WHEREFORE, it is on this 23rdday of January, 2004 ORDERED, effective on the 21st day of January, 2004,

- Thn license of respondent George M. Mirda, M.D., to practice medicine and surgery in the State of New Jersey is hereby temporarily suspended, until the completion of plenary proceedings in this matter or further Order of this Board. Respondent shall comply with all directives set forth on the attached "Directives Applicable to any Medical Board Licensee who is Disciplined or whose Surrender of Licensure has been Accepted."
- Respondent may move before the Board to vacate the temporary suspension of his license ordered in paragraph 1 above, at such time as he can demonstrate that he has:

- a. Completed and filed applications to renew his New Jersey medical license; and
- b. Completed and filed applications to secure state CDS registration and federal DEA registration, and
- c. Secured a commitment from a medical malpractice insurance provider to issue medical malpractice liability insurance at such time as he may obtain a medical license, or, in the event he is unable to secure such a commitment, filed a letter of credit with the Board, in the sum of at least \$500,000, as required pursuant to

#### N.J.A.C. 13:35-6.19; and

d. Appeared before a Committee of the Board and fully cooperated with the Board by answering any and all questions that may be posed to him by members of said Committee, to include any questions that may be posed regarding his general knowledge of medicine and medical practice.

By:

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BOARD OF MEDICAL EXAMINERS

Bernard Robins, M.D. Rearing Committee Chairman

#### **ADDENDUM**

Any licensee who is the subject of an order of the Board suspending, revoking or otherwise conditioning the license, shall provide the following information at the time that the order is signed, if it is entered by consent, or immediately after service of a fully executed order entered after a hearing. The information required here is necessary for the Board to fulfill its reporting obligations:

Social Security Number':
List the Name and Address of any and all Health Care Facilities with which you are affiliated:
List the Names and Address of any and all Health Maintenance Organizations with which you are affiliated:
Provide the names and addresses of every person with whom you are associated in your professional practice: (You may attach a blank sheet of stationery bearing this information).

Pursuant to 45 CFR Subtitle A Section 61.7 and 45 CFR Subtitle A Section 60.8, the Board is required to obtain your Social Security Number and/or federal taxpayer identification number in order to discharge its responsibility to report adverse actions to the National Practitioner Data Bank and the HIP Data Bank.

# DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE HAS BEEN ACCEPTED

#### APPROVED BY THE BOARD ON MAY 10,2000

All licensees who **are the subject of** a disciplinary order of the Board are required to provide the information required on the Addendum **to these** Directives. **The** information provided will be maintained separately and will not be part of the public document **filed** with **the Board.** Failure to provide the information required **may result** in **further** disciplinary action for failing to cooperate with the Board, **as required by N.J.A.C.** 13:45C-1 **et** sea. Paragraphs 1 through 4 below **shall** apply when a license is **suspended or** revoked or permanently surrendered, with or **without** prejudice. Paragraph 5 applies to licensees who **are** the subject of an order which, while **permitting** continued practice, contains a probation or monitoring requirement.

#### 1. Document Return and Agency Notification

The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon his/her DEA registration.)

#### 2. Practice Cessation

The licensee shall cease and desist from engaging in the practice of medicine in this State. This prohibition **not** only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its application, or representing him/herself as being eligible to practice. (Although the licensee need **not** affirmatively advise patients **cr others cf the** revocation, suspension **or** surrender, the licensee must truthfully **disclose** his/her licensure status in response to inquiry.) The disciplined licensee is also prohibited from occupying, sharing or using office **space** in which another licensee provides health care services. **The** disciplined **licensee** may contract for, accept payment from **another** licensee **for** or rent at fair market value office premises **and/or** equipment. In **no** case may the disciplined licensee authorize, allow or condone the use of his/her provider number by **any health care practice** or any other licensee or health care provider. (In situations where the licensee has been suspended for less than one **year**, the licensee may accept payment from another professional **who** is using his/her office during **the** period **that the** licensee is **suspended**, for the payment of salaries for **office** staff employed at **the time** of **the Board** action.)

A licensee whose license has been revoked, suspended for one (I) year or more or permanently surrendered must remove signs and take affirmative action to stop advertisements by which his/her eligibility to practice is represented. The licensee must also take steps to remove his/her name from professional listings, telephone directories, professional stationery, or billings. If the licensee's name is utilized in a group practice title, it shall be deleted. Prescription pads bearing the licensee's name shall be destroyed. A destruction report form obtained from the Office of Drug Control (973-504-6558) must be filed. If no other licensee is providing services at the location, all medications must be removed and returned to the manufacturer, if possible, destroyed or safeguarded. (In situations where a license has been suspended for less than one year, prescription pads and medications need not be destroyed but must be secured in a locked place for safekeeping.)

## 3. Practice Income Prohibitions/Divestiture of Equity Interest In Professional Service Corporations and Limited Liability Companies

A licensee shall **not** charge, **receive or** share **in any** fee **for** professional**services** rendered by him/herself or **others** while **barred from** engaging in the professional practice. The licensee may be compensated **for** the reasonable value of **services lawfully rendered and disbursements incurred on a** patient's behalf **prior** to **the effective** date of the Board action.

A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license is revoked, surrendered or suspended for a term of one (1) year or more shall be deemed to be disqualified from the practice within the meaning of the Professional Service Corporation Act. (N.J.S.A. 14A:17-11). A disqualified licensee shall divest him/herself of all financial interest in the professional service corporation pursuant to N.J.S.A. 14A:17-13(c). A licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall divest him/herself of all financial interest. Such divestiture shall occur within 90 days following the the entry of the Order rendering the licensee disqualified to participate in the applicable form of ownership, Upon divestiture, a licensee shall forward to the Board a copy of documentation forwarded to the Secretary of State, Commercial Reporting Division, demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation, the corporation must be dissolved within 90 days of the licensee's disqualification.

#### 4. Medical Records

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that during the three (3) month period following the effective date of the disciplinary order, a message wilt be delivered to patients calling the former office premises, advising where records may be obtained. The message should inform patients of the names and telephone numbers of the licensee (or his/her attorney) assuming custody of the records. The same information shall also be disseminated by means of a notice to be published at least once per month for three (3) months in a newspaper of

general circulation in the geographic vicinity in which the practice was conducted. A?the end of the three month period, the licensee shall file with the Board the name and telephone number of the contact person who wilt have access to medical records of former patients. Any change in that individual or his/her telephone number shall be promptly reported to ?heBoard. When a patient or his/her representative requests a copy of his/her medical record or asks that record be forwarded to another health care provider, the licensee shall promptly provide the record without charge to the patient.

#### 5. **Probation/Monitoring Conditions**

With respect to any licensee who is the subject of any Order imposing a probation  $\alpha$  monitoring requirement or a stay of an active suspension, in whole or in part, which is conditioned upon compliance with a probation or monitoring requirement, the licensee shall fully cooperate with the Board and its designated representatives, including the **Enforcement** Bureau of the Division of Consumer Affairs, in ongoing monitoring of the licensee's status and **practice**. Such monitoring shall be at the expense of the disciplined practitioner.

- (a) Monitoring of practice conditions may include, but is not limited to, inspection of the professional premises and equipment, and inspection and copying of patient records (confidentiality of patient identity shall be protected by the Board) to verify compliance with the Board Order and accepted standards of practice.
- (b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by law from any treatment facility, other treating practitioner, support group or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, or maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring has been ordered, the practitioner shall fully cooperate by responding to a demand for breath, blood, urine or other sample in a timely manner and providing the designated sample.



## NOTICE OF REPORTING PRACTICES BOARD REGARDING DISCIPLINARY ACTIONS

Pursuantto N.J.S.A. 52:14B-3(3), all orders of the New Jersey State Board of Medical Examiners are available for public inspection. Should any inquiry be made concerning the status of a licensee, the inquirer will be informed of the existence of the order and a copy will be provided if requested. All evidentiary hearings, proceedings on motions or other applications which are conducted as public hearings and the record, including the transcript and documents marked in evidence. are available for public inspection, upon request.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct:

- (1) Which revokes or suspends (or otherwise restricts) a license,
- (2) Which censures, reprimands or places on probation,
- Under which a license is surrendered.

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such Federal or State agency that is publicly available information.

Pursuant to <u>N.J.S.A.</u>45:9-19.13, if **the Board refuses to issue, suspends, revokes or** otherwise places conditions on a license or permit, it is obligated to **notify** each **licensed health care** facility **and** health maintenance **organizationwith** which **a** licenses is affiliated **and** every other board licensee in this state with whom **he** or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis.

Within the month **following**entry of an order, a summary of the **order** will appear on the public **agenda for the** next monthly Board meeting and is forwarded to **those** members of the public requesting a copy. **In addition, the** same summary **will** appear in the minutes of that **Board** meeting, which are also made available to those requesting a copy.

Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy.

On a periodic basis the **Board** disseminates to its licensees a **newsletter** which includes a brief description of all of the **orders entered** by **the Board**.

From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit *the* Board, the Division or the Attorney **General from** disclosing any public document.